

California Resident Income Tax Return 2012**540 2EZ C1 Side 1**

Your first name	Initial	Last name	Your SSN or ITIN	P
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	AC
Address (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.	A
City			State	R
			ZIP Code	RP
Date of Birth ● Taxpayer (mm/dd/yyyy) ____/____/____ ● Spouse/RDP (mm/dd/yyyy) ____/____/____				
Prior Name If you filed your 2011 tax return under a different last name, write the last name only from the 2011 tax return. ● Taxpayer _____ ● Spouse/RDP _____				

Filing Status **Filing Status.** Check the box for your filing status. See instructions, page 6.

Check only one.

- 1 ☐ Single
 2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income)
 4 ☐ Head of household. STOP! See instructions, page 6.
 5 ☐ Qualifying widow(er) with dependent child. Year spouse/RDP died _____.

If your California filing status is different from your federal filing status, check the box here. ● ☐**Exemptions**

- 6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions, page 6 ● 6 ☐
 7 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 7 ☐
 8 **Dependents: (Do not include yourself or your spouse/RDP)** Enter number of dependents here. ● 8 ☐

First Name	Last Name	Dependent's relationship to you

Taxable Income and Credits

- 9 Total wages (federal Form W-2, box 16). See instructions, page 7 ● 9 00
 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 ● 10 00
 11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7. ● 11 00
 12 Total pension income _____ See instructions, page 7. Taxable amount. ● 12 00
 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 ● 13 00
 14 Unemployment compensation ● 14 00
 15 U.S. social security or railroad retirement benefits . ● 15 00
 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include line 14 and line 15.** ● 16 00
 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. ● 17 00
Caution: If you check the box on line 6, **STOP**. See instructions, page 7, Dependent Tax Worksheet.
 18 Senior exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$104. If you entered 2 in the box on line 7, enter \$208. . ● 18 00
 19 Nonrefundable renter's credit. See instructions, page 8 ● 19 00
 20 **Credits.** Add line 18 and line 19. ● 20 00
 21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0- ● 21 00

Enclose, but do not staple, any payment.

Your name: _____ Your SSN or ITIN: _____

Overpaid Tax/ Tax Due.	21a	Enter the amount from Side 1, line 21	21a	_____	0 0
	22	Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12)	22	_____	0 0
	23	Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22	23	_____	0 0
	24	Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 8	24	_____	0 0

Use Tax **25** Use tax. **This is not a total line.** See instructions, page 8 . ● **25** _____ 0 0

Voluntary Contributions		Code	Amount	Code	Amount
CA Seniors Special Fund. See page 13	● 400	_____	00	CA Peace Officer Memorial Foundation Fund.	● 408 _____ 00
Alzheimer's Disease/Related Disorders Fund	● 401	_____	00	CA Sea Otter Fund	● 410 _____ 00
CA Fund for Senior Citizens	● 402	_____	00	Municipal Shelter Spay-Neuter Fund	● 412 _____ 00
Rare and Endangered Species Preservation Program	● 403	_____	00	CA Cancer Research Fund	● 413 _____ 00
State Children's Trust Fund for the Prevention of Child Abuse.	● 404	_____	00	ALS/Lou Gehrig's Disease Research Fund	● 414 _____ 00
CA Breast Cancer Research Fund	● 405	_____	00	Child Victims of Human Trafficking Fund	● 419 _____ 00
CA Firefighters' Memorial Fund	● 406	_____	00	CA YMCA Youth and Government Fund.	● 420 _____ 00
Emergency Food For Families Fund.	● 407	_____	00	CA Youth Leadership Fund	● 421 _____ 00
				School Supplies for Homeless Children Fund	● 422 _____ 00
				State Parks Protection Fund/Parks Pass Purchase ● 423	_____ 00
26 Add amounts in code 400 through code 423. These are your total contributions.				26	_____ 0 0

Amount You Owe **27** **AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** **27** | _____ | 0 0 |

Pay online – Go to **ftb.ca.gov** for more information.

Direct Deposit (Refund Only) **28** **REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** **28** | _____ | 0 0 |

Fill in the information to authorize direct deposit of your refund into one or two accounts.

Do not attach a voided check or a deposit slip. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:

_____	<input type="checkbox"/> Checking	_____	_____	0 0
● Routing number	<input type="checkbox"/> Savings	● Type	● Account number	● 29 Direct deposit amount

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

_____	<input type="checkbox"/> Checking	_____	_____	0 0
● Routing number	<input type="checkbox"/> Savings	● Type	● Account number	● 30 Direct deposit amount

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

Sign Here	Your signature	Spouse's/RDP's signature (if filing jointly, both must sign)	Daytime phone number (optional)
It is unlawful to forge a spouse's/RDP's signature.	X	X	() _____
	Your email address (optional). Enter only one email address.		Date _____

Joint return? See instructions, page 10.	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	● PTIN
	Firm's name (or yours if self-employed)	● FEIN
	Firm's address	

Do you want to allow another person to discuss this return with us (see page 10)? ● ☐ Yes ☐ No

_____	() _____
Print Third Party Designee's Name	Telephone Number